

In re application of: Vittorio Castelli  
Serial No.: 10/729,736 Group: Art Unit 2194  
Filed: December 5, 2003 Examiner: Pham, Thai V.  
For: ALIGNMENT AND GENERALIZATION OF DEMONSTRATED PROCEDURE TRACES

MAIL STOP Amendment  
Commissioner for Patents  
PO BOX 1450  
Alexandria VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.

[ ] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.

[x] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. OF RATE FEE
TOTAL	19*	MINUS 20**	= 0	X 25 \$	X 50 \$ .00
INDEP.	3*	MINUS 3***	= 0	X 100 \$	X 200 \$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 180 \$	X 360 \$ 0
				TOTAL	OR TOTAL \$ .00

ADDIT. FEE \$ .00

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter 20.  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

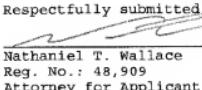
[ ] Please charge Deposit Account No. 50-0510/IBM (Yorktown Heights) in the amount of \$ .00. Two (2) copies of this sheet are enclosed.

[ ] A check in the amount of \$ \_\_\_\_ is enclosed.

[x] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0510/IBM. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0510/IBM therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

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